**Collin County Grant Summary Form** 

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Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the							
Health Care Services  Contact Person (Grant Liaison)				Auditor's Office not less than 14 days prior to the scheduled				
			Commissioner Court meeting. If you have any questions					
Taylor Burton				Caponera at (97		•		
Title	Phone / Extens	sion	. , ,					
Healthcare Coordinator	972-548-4464							
		Grant De	scription					
Grant Title and Funding Year			Funding Source		Application Type			
FY 2024-2025 CPS/MRC-ASPR STTRONG			State		✓ New Grant			
Grantor (include sub-granting agencies) Texas Department of State Health Services			✓ Federal  Other:		Renewal			
					☐ Amendment			
			Payment Method					
			✓ Cost Reimbursement ☐ Other:					
Application/Award Deadlin	ne Requested Co	Requested Comm. Court		Grant Period				
October 3, 2023	Decembe	December 4, 2023		Upon Execution to May 30,				
Brief Description	•							
Medical Reserve Corps (MR	C) – Administration	for Preparedne	ess and Respon	se (ASPR) State	, Territory and			
Tribal Nations, Representativ	ve Organizations fo	r Next Generati	on (STTRONG)	grant funding's	purpose is to			
Cuant Catagorica /	,				I. 16 J			
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total		
Personnel		\$ 44,758.00			\$ -	\$ 44,758.00		
Operating		\$ 2,124.00				\$ 2,124.00		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 47,242.00	\$ -	\$ -	\$ -	\$ 47,242.00		
# of FTEs		·				1		
Performance Me	easures		Current FY Pr	ogress to Date		Next FY		
Applicable Outcome Measures		Q1	Q1 Q2 Q3		Q4	Projected		
			1					
				· ·				
The Department named above	ve is applying for th	e Grant Progra	m named above	e, and if awarded	, will accept full	responsibility		
for the management of any f	unds awarded to th	e County under	this grant, and	will adhere to an	y polices and p	rocedures set		
forth by the Grantor and its re					nancial and adı	ministrative		
departments. To that end, p	lease find enclosed	the following it	ems for initial re	view:				
Grant Summary Form								
Memo of request to C				nce and approval				
Electronic copy of the original, completed application/award								
<ul><li>☑ Approval to apply Cot</li><li>☑ All attachments, back</li></ul>	•	• /	s to be submitte	d to the Granter				
i All attachments, back	-up uocumentation	or amendment	s to be submitte	u to the Grantof				
Completed by:								
_		Candy Blair	Zandy Blair		November 13, 2023			
Department Head / Designee Printed Name Signal		Signature			Date			

## **Grant Resource-Benefit Summary**

			ntact Person (Grant Liaison)			
CPS/MRC-ASPR STTRONG		Taylor Burton		Final		
Grant Period	M 20 . 6	Phone / Ext	Department			
Upon Execution	to May 30, 2	2025 972-548-4464	Health Care Services			
COUNTY RESOURCES REQU	IRED Amount	Identify Match Source	Benefits to County and Citizens			
1) Cash	\$ -		Medical Reserve Corps (MRC) – Administr Response (ASPR) State, Territory and Trib			
2) In-Kind	\$ -		Organizations for Next Generation (STTRO is to strengthen MRC volunteer capacity ar	NG) grant funding's purpose		
☐ No Match Required						
Implementation / Start Up	Amount	Description	The funds for this grant are used to offset personnel and fringe costs, program-specific activities, coordination and procurement of response supplies and resources, training and travel associated with grant			
1) Equipment			activities, and other related expenses and			
2) Training						
3) Inter-departmental / Other:						
☐ No Implem / Start-up Costs						
Operational / Maintenance	Amount	Description				
1) Recurring Maintenance						
2) Salary / Benefits						
3) Continuing Ed / Training						
4) Office / Program Space						
5) Travel						
6) Other:						
☐ No Oper / Maintenance Cos	its					
NON-COUNTY RESOURCES R	REQUIRED  Amount	Identify Match Source				
1) Voluntary / Donation						